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Effect of prior tubal ligation on peritoneal cytology and survival in endometrial cancer patients

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Background: Endometrial carcinoma is the most gynecologic cancer and its disseminations are via lymphatic, vascular and exfoliation. A diffusion exfoliating pathway to the peritoneal cavity is provided through the fallopian tubes. Bilateral tubal ligation is one of the most common ways of birth control, and only three studies have demonstrated the correlation between tubal ligation and endometrial carcinoma and eventually this association is still not definitely clear. Therefore, we have studied the influence of prior tubal ligation in positive rate of peritoneal cytology and other prognostic factors.

Materials & Methods: This retrospective cohort study was conducted on 174 endometrial cancer patients in 2017 at Emam Hospital of Tehran, Iran. Patients were divided into two groups based on whether they had previously had the surgery of tubal ligation or not. All calculated P values were 2-sided, and $P < 0.05$ was considered statistically significant.

Results: Of the 174 patients, 173 completed follow up, with 28% undergoing prior tubal ligation (TL) and 71% not. There was no difference in the grade of cancer cells in the two groups. In the TL group, the rate of recurrence was 14.9% and in the other group was 19.8%, although this difference was not significant. Rate of distant metastasis was 6.4% in TL group and 10% in another group. In TL group, mortality rate was 12.5% and in another group was 15.2%. Those differences were not significant either.

Conclusion: This study shows that endometrial cancer patients with prior tubal ligation had lower rate of deep myometrium invasion, lymph vascular space invasion and positive peritoneal cytology. The TL group was more likely to be in the early stages, maybe due to the factors mentioned above. Accordingly, prior TL can be introduced as a preventive factor for advanced endometrial cancer, but more studies are needed.

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